

ATTORNEY DOCKET NO.
ZANS.10001NP

**APPLICATION FOR UNITED STATES PATENT
DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I declare that my residence, post office address, and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor if only one name is listed below, or an original, first and joint inventor if plural inventors are named below, of the subject matter which is claimed and for which a patent is sought on the invention entitled as set forth below, which is described in the attached specification; that I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment specifically referred to in the oath or declaration; that no application for patent or inventor's certificate on this invention has been filed by me or my legal representatives or assigns in any country foreign to the United States of America; and that I acknowledge my duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, section 1.56;

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

TITLE OF INVENTION: Healthcare Information Network		
POWER OF ATTORNEY: I HEREBY APPOINT THE FOLLOWING ATTORNEYS TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH Rodney M. Anderson, Reg. No. 31,939, Stephen L. Levine, Reg. No. 33,413, Alan W. Lintel, Reg. No. 32,478		
SEND CORRESPONDENCE TO: Alan W. Lintel 12160 Abrams Rd. Suite 111 Dallas, Texas 75243-4523 (972) 664-9595	DIRECT TELEPHONE CALLS TO: Alan W. Lintel Phone Number: (972) 664-9595 Fax Number: (972) 664-9606	
INVENTOR	RESIDENCE & POST OFFICE ADDRESS	CITIZENSHIP
NAME: Albert G. Lintel III Signature: <u><i>Albert G. Lintel III</i></u> Date: <u>2/2/00</u>	486 Huntcliff Green Atlanta, Georgia 30350 US	US
NAME: Joseph A. Vascio Signature: <u><i>Joseph A. Vascio</i></u> Date: <u>2-02-00</u>	5610 Kenmore Drive Alpharetta, Georgia 30004 US	US
NAME: Joseph L. Helmick Signature: <u><i>Joseph L. Helmick</i></u> Date: <u>02 FEB 2000</u>	5090 Larry Lane Atlanta, Georgia 30068 US	US

Applicant/Patentee:
Title:

Lintel et al
Healthcare Information System

Attorneys' Docket No.

**VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c)) -- SMALL BUSINESS CONCERN**

I hereby declare that I am an official of the small business concern empowered to act on behalf of the concern identified below:

Name of Small Business Concern: **Zansor Systems, LLC**
Address of Small Business Concern: **486 Huntcliff Green
Atlanta, Georgia 30350**

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled **Healthcare Information System**, by inventors **Albert G. Lintel III, Joseph A. Vescio, and Joseph L. Helmick** described in the specification filed herewith.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e):


NONE

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or my maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: **Albert G. Lintel III**
Title of Person if other than owner: **President**
Address of Person Signing: **486 Huntcliff Green
Atlanta, Georgia 30350**

Signature:



Date:

2/2/00